

FILED JUL 23 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23043**
2855

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 100 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (in this place) 5 1/2	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 1008 Locust	314⁰

3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) L.	c. (Last) Johnston	4. DATE OF DEATH (Month) (Day) (Year) 6 22 1954	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-30-1893	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Mc Bride		13b. MOTHER'S MAIDEN NAME Malcina Mc Coy	14. NAME OF HUSBAND OR WIFE CHARLES JOHNSTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia McBride - 705 E. 23rd - K.C. Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute mesenteric thrombosis		INTERVAL BETWEEN ONSET AND DEATH 57⁰
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1954, to June 22, 1954, that I last saw the deceased alive on June 22, 1954, and that death occurred at 2:50P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 6-23-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/24/54	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) K.C. Mo.
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DATE REC'D BY LOCAL REG. 6-24-54	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McElroy - Eagle
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Irvin Miller*....., Student Embalmer No..... working under my personal supervision..

Student *Irvin E. Miller*.....
Signature of Student Embalmer

Signed *J. A. Bryan*.....

Licensed Embalmer No. *20*

P. O. Address *KC*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.